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Attorney Docket No.	P00 0=14		
Firs	t Name Aventor or Application Identifi	er D	
Peter Post et al,		S. 619	
Express Mail Label	No:	523	

(Only for new nonprovisional applications under 37 CFR 1.53(b)

ADDRESS TO:

Assistant Commissi ner for Patents

Box Patent Applicati n Washington, DC 20231

d	APPLICATION ELEMENTS
_	

See MPEP chapter 600 concerning utility patent application contents.

Specification X Drawing(s) (35USC 113) 2.

[Total Pages 41]

 $\frac{x}{x}$ **Declaration and Power of Attorney** [Total Pages __7_] [Total Pages 2

Newly executed declaration (Original copy) a. <u>X</u>

b. Copy from prior application (37CFR 1.63(d)) (for continuation/divisional with Box 14 completed)

> [Note Box 4 Below] **DELETION OF INVENTOR(S)**

Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

Incorporation By Reference (usable if Box 3b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

ACCOMPANYING APPLICATION PARTS

Assignment Papers (cover sheet & documentation) 5. <u>X</u> Francotyp-Postalia AG & Co.

6. _ Letter under 37 CFR 1.41(c).

English Translation Document (if applicable)

Information Disclosure

Copies of IDS Statement (IDS)/PTO-1449 Citations

Preliminary Amendment 9.

10. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

Statement filed in prior application, Small Entity Statement(s) Status still proper and desired

Certified Copy of 2 Priority Document(s) German Application No. 199 12 781.6 filed March 12, 1999 and German Application No. 199 28 057.6 filed June 15, 1999

13. Other:

14. If a CONTINUING APPLICATION	, check appropriate box and	supply the requisite information:
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Continuation

Continuation-in-part (CIP)

_ of prior application No:

*****		CLAIMS AS F	ILED		
	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE \$690.00
	TOTAL CLAIMS 20	16			
2	INDEPENDENT CLAIMS 3	2			
50		ANY MULTIPLE DEPENDENT CLAIMS? ()YES (X) NO			
				TOTAL	\$690.00

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this application, or credit any overpayment to ACCOUNT NO. 08-2290. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 690.00 to cover the filing fee is enclosed.

15. CORRESPONDENCE ADDRESS

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SIGNATURE: 491/899:1190

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March 9, 2000